



**STATE OF TENNESSEE
HOME INSPECTOR LICENSING PROGRAM**

Department of Commerce and Insurance
500 James Robertson Parkway
Nashville, TN 37243
615-741-1741
FAX: 615-253-1179

www.tn.gov/commerce/boards/hic/index.html

Date Received _____ Transaction # _____ File # _____

APPLICATION FOR HOME INSPECTOR LICENSE

FOR LICENSING CONSIDERATION PER THE HOME INSPECTOR LICENSE ACT OF 2005, PLEASE SUBMIT THIS APPLICATION

Applicants applying under Chapter 65 of the Public Acts of 2005, § 6(a) should complete this application and submit pages 1, 2, 3 & 4.

All information **must be typewritten or legibly printed** and all questions must be answered. The application, along with a **\$ 300.00 non-refundable** application fee must be submitted together in order to process. Please make your check payable to: **Department of Commerce and Insurance**, and mail to: **Department of Commerce and Insurance, Home Inspector Licensing, 500 James Robertson Parkway, 2nd Floor, Nashville, TN 37243.**

PERSONAL INFORMATION

1. Name: Mr. _____ Ms. _____
Last Name First Name Middle or Maiden

2. Date of Birth _____/_____/_____

3. Social Security No. _____
(optional)

4. Current Address: Furnish both addresses (if Business is operated from Residence, please put "same" on the Business line) and indicate the preferred mailing address with an "X" in the appropriate box. **Chapter 65 of the Public Acts of 2005, § 7 requires you to keep the Home Inspector Licensing Office informed of your current mailing address.**

At least one address must be a physical address

() Residence _____
Street or P.O. Box City County State Zip Code

() Business _____
Name of Business

Street or P. O. Box City County State Zip Code

Residence Phone _____ Business Phone _____

E-mail Address _____

LICENSURE STATUS

List States in which you hold a current home inspector license

		_____		_____	
		State		License #	
_____	_____	_____	_____	_____	_____
State	License #	State	License #	State	License #

EDUCATION

A copy/copies of the documentation you received upon completion of your 90 hours of home inspector training courses must be included with your application. If applying under the “grandfather” law, you will not submit this documentation. **If applying under Chapter 65 of the Public Acts of 2005 § 6 (a)(2), the documentation must include one of the following:**

- () High School Diploma
- () Copy of high school transcript which **clearly** indicates the graduation date.
- () Copy of college transcript which **clearly** indicates the high school graduation date.
- () GED Certificate

HOME INSPECTION TRAINING PROGRAMS

A copy/copies of the documentation you received upon completion of your 90 hours of home inspector training courses must be included with your application. If applying under the “grandfather” law, you will not submit this documentation. If applying under Chapter 65 of the Public Acts of 2005 § 6 (a)(2), the documentation must include the following:

1. Name of school/entity offering the courses.
2. Title of courses completed.
3. Hours granted.
4. Date(s) of course(s) taken.
5. Signature and title of school designee.
6. Location site of instruction. (If in-classroom setting)

CONFIDENTIAL HISTORY

- (1) Have you ever been convicted of or pled guilty or nolo contendere to any felony or any crime?
 _____ **Yes** _____ **No**

(If “Yes” attach a copy of the arrest warrant or bill of indictment, the court’s judgment, release from parole or probation or pardon. Provide a complete written explanation.)

- (2) Have you ever been denied a license, or had a license suspended or revoked by Tennessee or another state or local jurisdiction?
 _____ **Yes** _____ **No**

(If “Yes”, attach a copy of the licensing authority’s complaint or decision. Provide a complete written explanation)

- (3) Have you ever been denied a license in connection with the performance of home inspections or the licensing or certification of home inspectors?
 _____ **Yes** _____ **No**

(If “Yes”, attach a copy of the licensing board’s complaint or decision. Provide a complete written explanation.)

WORK HISTORY

List your work experience for the past 5 years. Begin with your present employment and list each previous employer. (If you were self-employed during any employment period, place an "x" in the box, and complete the section with that information)

() Self-employed

Present Employer _____
 Address _____
 Supervisor's Name (if applicable) _____ Phone No. _____
 Date Employed: From _____ to _____ Job Title _____
 Brief Description of Duties: _____

() Self-employed

Previous Employer _____
 Address _____
 Supervisor's Name (if applicable) _____ Phone No. _____
 Date Employed: From _____ to _____ Job Title _____
 Brief Description of Duties: _____

() Self-employed

Previous Employer _____
 Address _____
 Supervisor's Name (if applicable) _____ Phone No. _____
 Date Employed: From _____ to _____ Job Title _____
 Brief Description of Duties: _____

() Self-employed

Previous Employer _____
 Address _____
 Supervisor's Name (if applicable) _____ Phone No. _____
 Date Employed: From _____ to _____ Job Title _____
 Brief Description of Duties: _____

() Self-employed

Previous Employer _____
 Address _____
 Supervisor's Name (if applicable) _____
 Date Employed: From _____ to _____ Job Title _____ Phone No. _____
 Brief Description of Duties: _____

AFFIDAVIT

I hereby certify that I have read and understand the Tennessee Home Inspector License Act of 2005, and that the information contained within this application is true and complete to the best of my knowledge. If granted a license by the State of Tennessee Home Inspector Licensing Program, I will uphold the Laws and Rules, Code of Ethics and the Standards of Practice as adopted by the Commissioner of Commerce and Insurance, and I acknowledge and understand that any false or misleading information may result in failure to obtain licensure or subsequent disciplinary action against my license.

Signature of Applicant

Date